behind his shoulder, as in the first position for "chucking it," as one would do in throwing a stone, and he did this suddenly and with a jerk. He felt his arm break, and it and the grenade, which had not yet left his hand, dropped. The officer in charge and several other men, saw the accident happen, and there is no question as to this having been the exact method of its occurrence. The patient was an exceedingly muscular man, with thirteen years' service, who had never had any serious illness nor previously broken a bone. The roentgen-ray, operation, and a postmortem, a month and a half after the operation, showed the comminuted fracture.

Flavine and Brilliant Green.—BROWNING, GULBRANSEN, KENNAWAY, and THORNTON (*British Med. Jour.*, January 20, 1917, p. 73), working in the Bland-Sutton Institute of Pathology, the Middlesex Hospital, say that they have, in the course of the past year and a half, examined an extensive series of substances, comprising the principal antiseptics in common use and also other compounds, some of which have not hitherto been recognized as antiseptics or applied as such. A substance belonging to the acridine group, flavine, has been found to possess extremely powerful bactericidal and antiseptic properties, which are enhanced rather than diminished by admixture with serum. In this respect flavine differs from all the powerful antiseptics in common use. In the presence of serum, flavine is the most powerful bactericide of all those investigated for both Staphylococcus and B. coli, and it is equally efficient for the enterococcus and for anaërobes such as B. edematous maligni. Flavine, in relation to its bactericidal power, is very much less detrimental to the process of phagocytosis and less harmful to the tissues than the other substances; hence much higher effective concentrations can be employed without damaging the tissues or interfering with the natural defensive mechanisms. Brilliant green also compares most favorably with the other antiseptics in these respects. Clinical results have substantiated the estimate of the therapeutic value of flavine and brilliant green based on the characters above noted. The duration of septic conditions is in general reduced to at least a half, the stimulus to connective tissue to form granulations is a very outstanding feature, and these antiseptics can be applied in considerable amounts with the minimum of interference with the normal tissue functions. As regards the comparative merits of brilliant green and flavine, the latter is considered both the more efficient and the more rapid in action.

Flavine and Brilliant Green in the Treatment of Infected Wounds.—LIGAT (*British Med. Jour.*, January 20, 1917, p. 78) says that for over a year he has employed flavine compounds and brilliant green in septic cases under his care in the Middlesex Hospital. Upward of 150 cases have been treated, about 50 per cent. of these being war wounds. In the case of suppurating wounds the procedure followed has been to secure adequate drainage by free incision when necessary, and then to irrigate with a 1 to 1000 solution of the antiseptic in normal saline, finally the wound is covered with gauze soaked in the solution, and protective applied to prevent evaporation. Where there has been a cavity it has been packed lightly with gauze soaked in the solution. A considerable diminution of the discharge of the pus may be expected at the end of twenty-four hours. In wounds of moderate severity in which no foreign body is present and in which free drainage is secured, the suppurative process may be expected to come to an end after four or five days' treatment. From the few cases in which there has been an opportunity to apply the antiseptic before the evidence of sepsis has appeared it is considered that the results of the highest value are to be anticipated in the future by what one may term the "prophylactic" use of these antiseptics. Ligat has used considerable quantities both of brilliant green and flavine over prolonged periods; in some cases he has no hesitation in injecting the latter antiseptic into the tissues, and he has never observed any toxic phenomena following their use. Of the two antiseptics investigated he has found flavine to be the more efficient, especially in heavily infected wounds with free discharge of pus, and he now uses this antiseptic exclusively for septic cases. He regards these substances as satisfying therapeutic requirements for the treatment of wounds in a manner superior to any of the antiseptics hitherto employed.

The Bacteriology and Microscopy of the Contents of the Seminal Vesicles Postmortem. A Study of Fifty-two Cases.—THOMAS and HARRISON (*Jour. Urol.*, 1917, i, 50) say that in view of the unprecedented interest manifested by urologists today in spermatocystitis, and in realization of the focal sepsis occasioned thereby, too little suspected and investigated by the average medical man, but nevertheless characterized by a retinue of urinary, arthritic, neurological, mental and even systemic diseases, it behooves the profession to welcome any attempt to study this obscure affection. Some investigators regard spermatocystitis as the commonest complication of gonorrhea. It is probably true that epididymitis does not exist without an associated seminal vesiculitis, and the belief is gradually gaining credence that inflammation of the spermatic vesicles is as common, if not more frequent than prostatitis, as a gonorrheal complication. Mayer found 60 per cent. of patients with posterior urethritis to have involvement of the seminal vesicles. Lewin and Bohm encountered spermatocystitis in 35 per cent., and prostatitis in 29 per cent. of 1000 gonorrheal cases. The particular purpose of the writers is to establish on a firmer basis certain indefinite and conflicting ideas concerning: (1) the presence of spermatazoa in the seminal vesicle, (*a*) normally and (*b*) when inflamed; (2) the life or death of spermatazoa in spermatocystitis and (3), the indentification of the invading bacteria, gonorrheal and nongonorrheal. They concluded that the seminal vesicles harbor spermatozoa after death, and therefore presumably during life. This function is exercised in the presence of inflammation (spermatocystitis), although in a large percentage of inflammatory cases no spermatozoa can be found (postmortem). The determination of the viability of the zoösperm in the presence of the seminal vesiculitis, the exact identification, classification and relative frequency of the invading bacteria, particularly with reference to gonorrhea are questions impossible of solution by postmortem investigation.